

Company Name: _____

Reporting Period: _____

Kentucky Department of Insurance
Division of Health Insurance Policy and Managed Care
Annual Utilization Review (UR) Report Form

Utilization Review

	Total Number of UR Requests	Number Of UR Requests Approved	Number Of UR Requests Denied	Number of Internal Appeals	Number of Decisions Reversed on Internal Appeal
1. Inpatient/Residential Services					
2. Outpatient Services					
3. Durable Medical Equipment					
4. Prescription Drugs					
5. All other services					

Coverage Denial Determinations (if applicable)

Total Number Of Coverage Denials	Total Number Of Coverage Denials Reversed On Internal Appeal

Timeframe Compliance

Report Item	Number
1. Total urgent preservice requests (including for hospital admission or for outpatient surgery) processed in 72 hours or less	
2. Total non-urgent preservice requests processed in 15 calendar days or less	
3. Total inpatient concurrent reviews processed in 24 hours or less (includes reviews of emergency admissions where the covered person remains hospitalized when the request is made).	
4. Total retrospective reviews processed in 30 calendar days or less	